

# Registered pharmacy inspection report

**Pharmacy Name:** Nabbs Lane Pharmacy, 63 Nabbs Lane, Hucknall,  
NOTTINGHAM, Nottinghamshire, NG15 6NT

**Pharmacy reference:** 1095582

**Type of pharmacy:** Community

**Date of inspection:** 31/08/2022

## Pharmacy context

The pharmacy is co-located with a Post Office on a housing estate on the outskirts of Hucknall in Nottinghamshire. Its main services include dispensing NHS prescriptions and selling over-the counter medicines. The pharmacy offers a medicine delivery service. It supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. It also supplies medicines to people living in local care homes.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not identify and manage all risks associated with the services it provides. Increased workload pressure has led to some risks going unmanaged. This includes risks associated with record keeping, medicine storage and distractions during the dispensing process. And pharmacy team members do not monitor the impact of these additional risks through recording and reviewing of near miss errors.
		1.6	Standard not met	The pharmacy does not keep all its records up to date in accordance with legal and regulatory requirements. This includes records for higher risk medicines requiring safe custody.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	Pharmacy team members are working under pressure and do not always adequately manage the workload. This and a lack of good contingency plans to cover team members leave means key tasks in the pharmacy are falling behind.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not monitor the storage temperature of all medicines requiring refrigeration. And it does not recognise when the fridge temperature is outside the required range. This heightens the risk of the pharmacy supplying a medicine that is not fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately identify and manage all the risks with providing its services. Pharmacy team members are experiencing heightened workload pressure that is impacting on their ability to adequately complete day-to-day tasks. And they do not monitor the impact of this by engaging in systems designed to identify risk, such as routinely recording the mistakes they make during the dispensing process. The pharmacy does not make and maintain all its records as required by law. It keeps people's confidential information secure. And its team members have appropriate knowledge of the processes for managing feedback and for acting to help protect vulnerable people.

### Inspector's evidence

The pharmacy had limited assurances related to its team members having completed learning associated with its standard operating procedures (SOPs). Pharmacy team members could access the SOPs electronically, but SOPs shown to the inspector had not been updated since 2017. And there was no established process to ensure all team members had read and understood procedures relevant to their roles. A team member explained they would seek support from another member of the team when completing tasks if the responsible pharmacist (RP) took absence from the pharmacy. And the second team member had a sound understanding of what tasks could and couldn't take place if the RP was absent.

The pharmacy provided a COVID-19 vaccination service. It had separate procedures and training records for providing this service. And these had been provided to the local NHS team. This was run by a separate team from an associated premises within the town. The RP had a clear understanding of their roles and responsibilities associated with the service, and had completed some shifts at the vaccine site themselves. The pharmacy had details of upcoming clinic days to support the RP in fulfilling their role. The pharmacy had run the service from the registered premises during quieter times, and the separate team had come in to do this.

The pharmacy was exceptionally busy throughout the inspection. This meant team members often had to break away from tasks in the dispensary to answer the telephone, and to support queries at the medicine counter. They explained the pharmacy had had a staff vacancy since January 2022 following a team member leaving the business. The pharmacy was advertising the vacant post but had not managed to recruit to date. It was clear that team members were under pressure as some risks associated with the delivery of pharmacy services had not been appropriately assessed to ensure all services were provided safely. For example, a second fridge had been set up to hold assembled medicines, but there was no thermometer in place to ensure it was operating within the correct temperature range. And pharmacy team members did not always record the mistakes they made during the dispensing process. They were less likely to report near misses during busier periods with low staffing levels. The pharmacy did not have an established review process to help share learning following mistakes made during the dispensing process. This meant team members could not demonstrate any recent risk reduction actions designed to improve patient safety following a mistake. Team members did discuss and demonstrate some older actions. For example, warning labels on shelf-edges in the dispensary designed to prompt additional checks when picking medicines. And team members had moved several 'look-alike and sound-alike' (LASA) medicines away from each other on

the dispensary shelves.

The pharmacy had a complaints procedure. And team members were aware of how to manage feedback. And were confident in responding to feedback when required. The pharmacy had procedures relating to protecting vulnerable people. And its team members had engaged in safeguarding learning. Pharmacy team members acted to share concerns relating to medicine compliance with prescribers when they occurred. The pharmacy held most personal identifiable information in the dispensary. Pharmacy team members used NHS smart cards to access people's personal information. And they managed confidential waste securely.

The pharmacy had up-to-date indemnity insurance arrangements. But some records it was required to keep by law were not up to date, including for controlled drug management. The pharmacy recorded private prescriptions in a handwritten register, this was not maintained to date either. And there were regular omissions in the RP record, as pharmacists did not always sign-out of the record at the end of the working day. The RP notice was changed as the inspection began to reflect the correct details of the RP on duty. It was evident when looking at the RP register that the wrong notice had been displayed for consecutive days. The RP acknowledged that the record keeping tasks had fallen behind. And they had kept a copy of prescriptions and invoices to support in bringing the records up to date.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy is struggling to recruit team members to adequately support the services it delivers. And it lacks good contingency arrangements to cover team members leave. This heightens workload pressure and impacts on risk management. And it leaves little time for the team to dedicate to processes designed to share learning and reduce risk. Pharmacy team members engage in regular conversations at work and they feel able to provide feedback and put forward their ideas.

### Inspector's evidence

Pharmacy team members were struggling to keep up to date with workload. This was evident through routine tasks such as record keeping not being kept up to date. The pharmacy employed a full-time pharmacist manager, a full-time qualified dispenser, a part-time dispenser, and a part-time medicine counter assistant. All of these team members had a role in supporting Post Office services as well as completing pharmacy tasks. The pharmacy also employed a delivery driver. The pharmacy had not managed to recruit to a vacant dispenser post within the team, despite it advertising this job for many months. The part-time dispenser was on annual leave and the team identified how it struggled when a team member took leave despite some other team members working overtime. This had led to pressure recently increasing due to summer leave. The pharmacy did put in some measures to support its team members by reducing the opening hours of the Post Office, and this was clearly advertised. A team member explained how this supported them in providing dedicated time for pharmacy services. Team members appeared extremely dedicated to their roles, and worked together well to support continued access to pharmacy services. But they were clearly working under pressure which increased the risk of an adverse event occurring.

Pharmacy team members had completed accredited training relevant to their roles. But they did not engage in regular structured learning at work. And they had not received an appraisal to support them in identifying their learning needs within the last year. The pharmacy did not set specific targets for its team members to meet. And team members were confident in providing feedback and in raising concerns when needed. A team member explained that they could contribute ideas during discussions and these would be trialled in the first instance to help measure their effectiveness.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are safe and clean. They provide a suitable space for providing pharmacy services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

### Inspector's evidence

The pharmacy was appropriately secure and maintained. It was clean and relatively tidy. But the sink in its consultation room was not easily accessible as the team used it to store carrier bags. This distracted from the otherwise professional appearance of the room. Pharmacy team members had access to handwashing facilities, and antibacterial hand gel to support them in working hygienically. Air conditioning in the public area helped to maintain an appropriate room temperature. A full-height plastic screen at the medicine and Post Office counter prevented the dispensary fully benefitting from the air conditioning. The screen was designed to protect team members in working safely, and it reduced the risk of spreading respiratory viruses. Pharmacy team members used fans in the dispensary during summer months and ventilation was appropriate. Lighting throughout the premises was sufficient.

The pharmacy consisted of a mid-sized public area with direct access to the Post Office and medicine counter, these were situated together in front of the dispensary. A secured gate at the side of the medicine counter prevented unauthorised access past this point. To the side of the medicine counter was the pharmacy's consultation room, access into this room was controlled by team members. Pharmacy team members completed the majority of dispensing tasks in the main dispensary. A room off the dispensary provided some protected space for completing tasks associated with the multi-compliance compartment pack and care home services. Team members used another part of this room for storing paperwork and for holding items associated with the Post Office service.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not have adequate processes to manage all of its medicines. It does not store all medicines requiring refrigeration within appropriate conditions. The pharmacy's services are accessible to people. And pharmacy team members use effective audit trails to help support them in managing queries relating to the pharmacy's dispensing services. But they do not always supply patient information leaflets with medicines to support people in using them safely.

### Inspector's evidence

People accessed the pharmacy up a small step from street level. A portable ramp was stored safely in the public area of the pharmacy. And a team member explained how people requiring use of the ramp would ring the doorbell to alert team members. The pharmacy advertised its services well through professional looking window displays. And people using the pharmacy had access to some health information leaflets displayed in the public area. Seating in the public area allowed people to wait in comfort. Pharmacy team members were aware of how to signpost a person to another pharmacy or healthcare provider if they required a service or medicine which the pharmacy was not able to provide.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. And the RP had good supervision of the counter from the dispensary. The RP was observed providing counselling at the medicine counter when handing out bags of assembled medicines. And they made time to speak to people about their health and medicines when a person requested to speak to the pharmacist. The pharmacy had some procedures to support its team members in identifying and managing higher risk medicines. But pharmacy team members did not generally make records of any counselling and monitoring checks when supplying these medicines. Team members had some awareness of the risks associated with dispensing valproate to a person who may become pregnant. And the RP confirmed the checks they would make in accordance with the valproate pregnancy prevention programme when supplying this medicine to a person in the at-risk group. But the pharmacy supplied valproate to some people living in care and it had not sought information to assure itself that these people received an annual specialist review.

Pharmacy team members used baskets during the dispensing process to keep each person's prescription and medicines separate from others. The pharmacy team used effective audit trails throughout the dispensing process to help identify who had completed tasks associated with dispensing prescriptions. It also kept a record of the medicines people ordered when submitting prescription requests to surgeries on people's behalf. This supported the team in raising queries and contacting the surgery for missing prescriptions when required. The pharmacy's delivery driver posted a card informing people of a missed delivery if they were not at home, and medicines which could not be delivered were returned to the pharmacy. The team retained prescriptions for owed medicines, and dispensed using the prescription when later supplying these medicines.

The pharmacy team took care to ensure it managed the supply of medicines in multi-compartment compliance packs safely. The pharmacy had schedules in place to help manage this workload, including information relating to ordering dates and start dates for each care home's medicine cycle. The pharmacy recorded the prescription requests made by care homes. This allowed the team to effectively

manage queries in a timely manner. It supplied medicines to the homes in a range of ways, depending on the individual needs of the home. For example, some homes received medicines in monthly compliance packs, others in weekly compliance packs and another in original packaging. The pharmacy supplied medication administration records (MARs) with all medicines supplied for people living in care homes. The pharmacy team used individual patient record sheets for people on its community compliance pack service. These provided information relating to people's medication regimens. And it used 'tracked changes' to ensure it kept the records up to date. A sample of assembled compliance packs contained full dispensing audit trails and clear descriptions of each medicine inside the packs. The pharmacy did not routinely supply patient information leaflets when supplying medicines in compliance packs or to the care homes. Pharmacy team members explained they would provide a leaflet for new medicines, or upon request. A discussion took place about the requirement to supply a patient information leaflet when dispensing a medicine. And the discussion also highlighted the risks associated with not securing backing sheets physically to compliance packs.

The pharmacy sourced medicines from licensed wholesalers. Medicine storage on shelves was generally orderly. But the pharmacy did not always hold medicines in their original packaging. Team members reported completing regular date checking tasks. But a date checking record could not be located to establish the length of time between these checks. A random check of medicines in the dispensary found no out-of-date medicines. But some short-dated medicines were not highlighted in anyway. And team members did not annotate details of the opening date on liquid medicines with a shorted shelf-life once the seal of the bottle was broken. This meant it was more difficult for them to assure themselves the medicine remained safe and fit to supply. Team members received drug alerts via email and reported checking emails regularly. The pharmacy had appropriate arrangements for managing its medicine waste.

The pharmacy had secure arrangements for the storage of CDs. It had two fridges that it used to store medicines, one for stock medicines and another for bags of assembled medicines. The pharmacy maintained a fridge temperature record for the stock fridge. But the record was not easily accessible through a quick menu on the patient medication record (PMR) system. Instead, team members closed the PMR and reopened it to bring up a prompt reminding them to record the fridge temperature. And there was no thermometer fitted to the assembled items fridge. The temperature of the fridge felt exceptionally cold when opening the door. And there was noticeable ice build-up within the fridge. Two separate thermometers were found and installed during the inspection, one of these was brand new. The thermometers provided readings between 0.3 degrees Celsius and 1 degrees Celsius. This meant the pharmacy was storing medicines below the minimum temperature requirement of 2 degrees Celsius. And as a result the pharmacy could not guarantee that the medicines currently in the fridge were safe and fit to supply to people. A discussion identified urgent next steps required to segregate the medicines, contact manufacturers and to report and investigate the incident.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. And its team members act with care by using the equipment in a way which protects people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written and electronic reference resources available including the British National Formulary (BNF) and BNF for children. Pharmacy team members could access the internet to help resolve queries and to obtain up-to-date information. Computers were password protected, and information on computer monitors was suitably protected from unauthorised view. The pharmacy stored bags of assembled medicines behind the medicine counter and people could not read the details on bag labels from the public area of the pharmacy. Members of the pharmacy team used cordless telephone handsets. This allowed them to move to the back of the premises if the phone call required privacy.

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. This included counting apparatus for tablets and capsules, and crown stamped measuring cylinders for measuring liquid medicines. There was separate equipment available for counting higher risk medicines to reduce any risk of cross contamination.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.